

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.: 103044

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and
joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought
on the invention entitled:
METHODS AND SYSTEMS FOR UNDERCOLOR REDUCTION

described and claimed in the specification;
Check one

a. ☒ attached hereto.

b. ☐ filed on _____

as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the
claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as
defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the
following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application
are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to
the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-
named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute
this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk W. Hudson, Reg. No. 27,563; Thomas J. Pardue, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565; Carullus D. Denulson, Registration No. 34,494;
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made
herein or my own knowledge are true and that all statements made on information and belief are believed to be true; and
further that these statements were made with the knowledge that willful false statements and the like so made are punishable
by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false
statements may jeopardize the validity of the application or any patent issued thereon

1. *Typewritten Full Name
of First or Sole Inventor*

Robert

R.

Buckley

Given Name

Middle Initial

Family Name

2. **INVENTOR'S SIGNATURE:

Robert P. Buckley

3. **DATE OF SIGNATURE:

August

5

1999

Month

Day

Year

Residence:

Rochester

NY

U.S.A.

City

State or Province

Country

Citizenship:

Canadian

Post Office Address:

(Insert complete

mailing address,

including country)

43 Scarborough Park

Rochester, NY 14625 U.S.A.

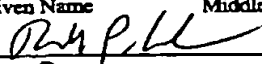
*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Randall P. Cole
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** 

3 ****DATE OF SIGNATURE:** August 05 1999
Month Day Year

Residence: Victor NY U.S.A.
City State or Province Country

Citizenship: U.S.A.
Post Office Address:
(Insert complete mailing address, including country) 1 Quoin Crescent
Victor, NY 14564 U.S.A.

1 **Typewritten Full Name**
of Third Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country) _____

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country) _____

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country) _____

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.